

10/561388

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/ 561388		FILING DATE				
							APPLICANT(S)						
10/10/07 CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	14	←	14	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	15		15				TOTAL CLAIMS						